and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.  SIGNATURE  NOTARY PUBLIC EMBOSSER SEAL  STATE OF MISSOURI  NAME OF NOTARY (PRINT OR TYPE)  A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED	FULL NAME OF THE COMPANY, C CARRIED ON IN MISSOURI	ORGANIZATION, OR II	NDIVIDUAL UNDER WHICH	OIL AND GAS DRILLING,	PRODUCIN	NG, TRANSPORTING,	, OR REFININ	IG WILL BE
IF A REORGANIZATION, GIVE NAME AND ADDRESS OF PREVIOUS ORGANIZATION  IF A FOREIGN CORPORATION, GIVE (1) STATE WHERE INCORPORATED  (2) NAME AND POST OFFICE ADDRESS OF STATE  (3) DATE OF PERMIT TO DO BUSINESS IN STATE  PRINCIPAL OFFICES OR PARTNERS (IF PARTNERSHIP)  TITLE  POST OFFICE ADDRESS  DIRECTOR'S NAME  POST OFFICE ADDRESS   OF TITLE  POST OFFICE ADDRESS   OF TITLE  POST OFFICE ADDRESS  OF TITLE  POST OFFICE ADDRESS  OF TITLE  OF the (company) and that the facts stated therein are true, and that this report was prepared under my supervision and direction and that the facts stated therein are true, control, and complete to the best of my knowledge.  SIGNATURE  NOTARY PUBLIC EMBOSSER SEAL  STATE OF (MASSOUR)  NAME OF INCOMPT OR TYPE)  A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED  NAME OF INCOMPT OR TYPE)  AND ACKNOWLEDED TO ME THAT HEISHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED  NOTARY PUBLIC SIGNATURE  MY COMMISSION EXPIRES  USE RUBBER  USE RUBBER	ADDRESS	CITY			STATE	ZIP CODE		
IF A FOREIGN CORPORATION, GIVE (1) STATE WHERE INCORPORATED  PRINCIPAL OFFICES OR PARTNERS (IF PARTNERSHIP) NAME  DIRECTOR'S NAME  DIRECTOR'S NAME  POST OFFICE ADDRESS  DIRECTOR'S NAME  POST OFFICE ADDRESS  CERTIFICATE: I. the undersigned, state that I am the address of the a	PLAN OF ORGANIZATION (STATE V	VHETHER ORGANIZA	 TION IS A CORPORATION, .	JOINT STOCK ASSOCIATIO	N, FIRM OR	 R PARTNERSHIP, OR I	 NDIVIDUAL)	
PRINCIPAL OFFICERS OR PARTNERS (IF PARTNERSHIP) NAME  DIRECTOR'S NAME  POST OFFICE ADDRESS  DIRECTOR'S NAME  POST OFFICE ADDRESS   DIRECTOR'S NAME  POST OFFICE ADDRESS   CERTIFICATE: I, the undersigned, state that I am the	IF A REORGANIZATION, GIVE NAME	E AND ADDRESS OF F	PREVIOUS ORGANIZATION					
DIRECTOR'S NAME  DIRECTOR'S NAME  POST OFFICE ADDRESS   POST OFFICE ADDRESS   CERTIFICATE: I, the undersigned, state that I am the of the of the office address that I am address that I am address that I am the office address that I am address that I am address that I am the office address that I am the of	· ·		(2) NAME AND POST OFFICE ADDRESS OF STATE		(3) DATE OF PERMIT TO DO BUSINESS IN STATE			
CERTIFICATE: I, the undersigned, state that I am the			TITLE		POST OFFICE ADDRESS			
CERTIFICATE: I, the undersigned, state that I am the								
CERTIFICATE: I, the undersigned, state that I am the								
and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.  SIGNATURE  NOTARY PUBLIC EMBOSSER SEAL  STATE OF MISSOURI  NAME OF NOTARY (PRINT OR TYPE)  NAME OF INDIVIDUAL (PRINT OR TYPE)  A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED  NAME OF INDIVIDUAL (PRINT OR TYPE)  KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE WITHIN  TYPE OF DOCUMENT  AND ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED  NOTARY PUBLIC SIGNATURE  MY COMMISSION EXPIRES  USE RUBBER	DIR			POST O	FFICE ADDRESS			
and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.  SIGNATURE  NOTARY PUBLIC EMBOSSER SEAL  STATE OF MISSOURI  NAME OF NOTARY (PRINT OR TYPE)  NAME OF INDIVIDUAL (PRINT OR TYPE)  A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED  NAME OF INDIVIDUAL (PRINT OR TYPE)  KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE WITHIN  TYPE OF DOCUMENT  AND ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED  NOTARY PUBLIC SIGNATURE  MY COMMISSION EXPIRES  USE RUBBER								
and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.  SIGNATURE  NOTARY PUBLIC EMBOSSER SEAL  STATE OF MISSOURI  NAME OF NOTARY (PRINT OR TYPE)  NAME OF INDIVIDUAL (PRINT OR TYPE)  A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED  NAME OF INDIVIDUAL (PRINT OR TYPE)  KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE WITHIN  TYPE OF DOCUMENT  AND ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED  NOTARY PUBLIC SIGNATURE  MY COMMISSION EXPIRES  USE RUBBER								
and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.  SIGNATURE  NOTARY PUBLIC EMBOSSER SEAL  STATE OF MISSOURI  NAME OF NOTARY (PRINT OR TYPE)  NAME OF INDIVIDUAL (PRINT OR TYPE)  A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED  NAME OF INDIVIDUAL (PRINT OR TYPE)  KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE WITHIN  TYPE OF DOCUMENT  AND ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED  NOTARY PUBLIC SIGNATURE  MY COMMISSION EXPIRES  USE RUBBER								
NOTARY PUBLIC EMBOSSER SEAL  STATE OF MISSOURI  NAME OF NOTARY (PRINT OR TYPE)  A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED  NAME OF INDIVIDUAL (PRINT OR TYPE)  KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE WITHIN  TYPE OF DOCUMENT  AND ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED  NOTARY PUBLIC SIGNATURE  MY COMMISSION EXPIRES  USE RUBBER	and that I am authorized by said con	npany to make this rep			sion and dir	rection and that the fac	cts stated ther	_ (company), rein are true,
MISSOURI  NAME OF NOTARY (PRINT OR TYPE)  A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED  NAME OF INDIVIDUAL (PRINT OR TYPE)  KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE WITHIN  TYPE OF DOCUMENT  AND ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED  NOTARY PUBLIC SIGNATURE  MY COMMISSION EXPIRES  USE RUBBER	SIGNATURE							
PERSONALLY APPEARED  NAME OF INDIVIDUAL (PRINT OR TYPE)  KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE WITHIN  TYPE OF DOCUMENT  AND ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED  NOTARY PUBLIC SIGNATURE  MY COMMISSION EXPIRES  USE RUBBER	NOTARY PUBLIC EMBOSSER SEAL		COUNTY (OR CITY OF ST. LOUIS)			DAY OF	, 20	l
THE WITHIN  TYPE OF DOCUMENT  AND ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED  NOTARY PUBLIC SIGNATURE  MY COMMISSION EXPIRES  USE RUBBER		NAME OF NOTARY (PRINT OR TYPE)			A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED			
NOTARY PUBLIC SIGNATURE  MY COMMISSION EXPIRES  USE RUBBER		NAME OF INDIVIDUAL (PRINT OR TYPE)			KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE WITHIN			
MY COMMISSION EXPIRES  USE RUBBER								
USE RUBBER		NOTARY PUBLIC SIGN	NATURE					
		MY COMMISSION EXPIRES						

NOTE After any change occurs as to facts stated in the report as submitted and filed, a supplementary report shall be filed with the State Geologist with respect to such change within 30 days after the effective date of change.

Upon change of ownership of any well or wells, producing or non-producing, notice shall be given to the State Geologist within 10 days after the change of ownership.